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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	A36097-PCT-USA-A
	First Inventor	Mene-Saffrane et al.
	Title	LIPOXYGENASE * see attached
	Express Mail Label No.	ER589231721US

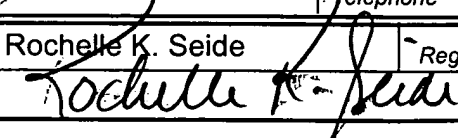
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 50] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description <input checked="" type="checkbox"/> Claim(s) [Total Sheets 4] <input checked="" type="checkbox"/> Abstract of the Disclosure [Total Sheets 1] 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3] 5. Oath or Declaration [Total Pages 4] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input checked="" type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> paper c. <input checked="" type="checkbox"/> Statements verifying identity of above copies
ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input checked="" type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: PCT/FR02/01943
 Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label				or <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

Name (Print/Type)	Rochelle K. Seide	Registration No. (Attorney/Agent)	32,300
Signature		Date	12/08/2003

22141 U.S. PTO 10/731642



FEE TRANSMITTAL for FY 2003

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**1,132**

Complete if Known

Application Number	To Be Assigned
Filing Date	December 8, 2003
First Named Inventor	Mene-Safrane et al.
Examiner Name	To Be Assigned
Art Unit	To Be Assigned
Attorney Docket No.	A36097-PCT-USA-A

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: **02-4377**
Deposit Account Name: **Baker Botts LLP**

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee required under 37CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	770
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$) 770

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			Extra Claims		Fee from below	Fee Paid
Total Claims	21	- 20 =	1	X	18	= 18
Independent Claims	7	- 3 =	4	X	86	= 344
Multiple Dependent						

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**0**

SUBMITTED BY

Name (Print/Type) **Rochelle K. Seide**
Signature *Rochelle K. Seide*

Registration No. (Attorney/Agent) **32,300**

(Complete if applicable)

Telephone **(212) 408-2500**

Date **12/08/2003**

Addendum Sheet 1***Question 4 Addendum**

4.a. Drawings are ☐ formal ☐ informal

*** Question 5 Addendum**

5.c. ☒ An unsigned oath or declaration is included.

*** Question 8 Addendum**

8.d. ☐ A sequence submission will follow.

*** Question 9 Addendum**

9.a. ☒ Assignment documents will follow.

9.b. ☐ Assignment documents have been filed in parent application No.

*** Question 11 Addendum**

11.a. ☐ English translation will follow.

*** Question 12 Addendum**

12.a. ☐ Copies of IDS citations will follow.

*** Question 15 Addendum**

15.a. ☐ Certified copies of priority documents will follow.

15.b. ☐ Certified copies of priority documents have been filed in parent application No.

Use the space below for additional information

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Title (continued):

**LIPOXYGENASE OVEREXPRESSION IN PLANTS AND REDUCTION IN PLANT
SENSITIVITY TO DISEASES AND TO ATTACKS FROM PATHOGENIC ORGANISMS**

Addendum Sheet 2

18a. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____
Prior application information: Examiner _____ Group Art Unit: _____

18b. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____
Prior application information: Examiner _____ Group Art Unit: _____

18c. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____
Prior application information: Examiner _____ Group Art Unit: _____

☐ Amend the specification by inserting before the first line the sentence(s)

☐ "This application is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ "This application is based upon:

prior application No.: _____, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No. _____, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No.: _____, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No.: _____, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No. _____, incorporated by reference herein,

☐ which is a ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of:

☐ which is based upon:

prior application No. _____, incorporated by reference herein

Priority under 35 U.S.C. §119 is claimed based upon the following applications.

Foreign Applications:

Country: FRANCE (FR)

Serial No: 01/07470

Filing Date: JUNE 7, 2001

Country: FRANCE (FR)

Serial No: 01/14358

Filing Date: NOV. 7, 2001

Country: _____

Serial No: _____

Filing Date: _____

Provisional Applications:

Serial No: _____

Filing Date: _____

Serial No: _____

Filing Date: _____

Serial No: _____

Filing Date: _____

CERTIFICATION UNDER 37 C.F.R. 1.8(a) OR 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail Certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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☐ deposited with the United States Postal Service in an envelope addressed to the
Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

37 C.F.R. 1.8(a)

☐ with sufficient postage as first class mail.

37 C.F.R. 1.10*

☐ as "Express Mail Post Office to Address"
Mailing Label No. ER 589 231 721 US (mandatory)

Rochelle K. Seide
Signature

Date: December 8, 2003

Rochelle K. Seide

(type or print name of person certifying)

***WARNING:** Each paper of fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing 37 C.F.R. 1.10(b).
"Since the filing of correspondence under § 1.10 without the Express Mail label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition. "Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.